

CLAIMS ONLY							Application Number 10/607519		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1		1		1		1		1	
Total Depend	8		8		8		8		8	
Total Claims	9		9		9		9		9	